

Self-Assessment of Public Health System Knowledge

The following questions will help you assess your current proficiency and identify areas of focus for your orientation plan. Please check the appropriate response for each question in the boxes provided. The three columns reflect the three levels of proficiency, and are labeled PRO= Proficient, KNOW= Knowledgeable, and AWARE.

WASHINGTON STATE PUBLIC HEALTH SYSTEM	PRO	KNOW	AWARE
Have you ever worked in public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in Washington State?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked with the State Department of Health in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked with the State Department of Social and Health Services in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the role of public health and the LHJ in the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the relationships and functions of DOH, DSHS, and other state agencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the Washington State Association of Local Public Health Officials (WSALPHO) and with NACCHO?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the core functions and the 10 Essential Public Health Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the Public Health Improvement Plan, including the Standards for Public Health Performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a member of the Washington State Public Health Association and/or the American Public Health Association?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you need further orientation to basic public health practice to adequately perform your duties as public health administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list other areas needing further orientation, if any:

Self-Assessment of Boards of Health and Legal Authority for Public Health

The following questions will help you assess your current proficiency and identify areas of focus for your orientation plan. Please check the appropriate response for each question in the boxes provided. The three columns reflect the three levels of proficiency, and are labeled PRO= Proficient, KNOW= Knowledgeable, and AWARE.

BOARDS OF HEALTH AND LEGAL AUTHORITY OF PUBLIC HEALTH	PRO	KNOW	AWARE
Do you know the legal basis for public health authority and the legal authority for Boards of Health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know the differing roles of public health and of the Boards of Health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know how to access the full text of Washington State laws including the Revised Code of Washington and Washington Administrative Code?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you participated in local Board of Health meetings? Do you understand the administrator role in these meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you participated in or conducted a Board of Health development or orientation process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know the appropriate process to use in addressing a public health issue with the local Board of Health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know who the county attorney is and the protocol for interacting with him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you need additional orientation or training in legal authority of public health to adequately perform your duties as public health administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you need additional orientation or training in legal authority of Boards of Health to adequately perform your duties as public health administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list other areas needing further orientation, if any:			

Self-Assessment of Organizational Structures of Local Health Jurisdictions

The following questions will help you assess your current proficiency and identify areas of focus for your orientation plan. Please check the appropriate response for each question in the boxes provided. The three columns reflect the three levels of proficiency, and are labeled PRO= Proficient, KNOW= Knowledgeable, and AWARE.

ORGANIZATIONAL STRUCTURES OF LHJs	PRO	KNOW	AWARE
Have you worked in this local health jurisdiction before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the three types of LHJ structures – departments, districts, and multi-county districts – and the implications for LHJ operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of the considerations for having a key function such as environmental health outside of the LHJ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the organizational structure of the local health jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you acquainted with senior management and program leads in the local health jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in an infectious disease outbreak investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have oversight of personal health services, have you had experience with personal health services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal and Child Health Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicable Disease, STD and Family Planning services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children with Special Health Care Needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have oversight for environmental health, have you had experience with Environmental Health Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in a food borne or water borne disease outbreak investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you responsible for overseeing the local health assessment unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in a community health assessment process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the major health problems in the community and high priority public health activities, including demographic information and community health status data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you need further orientation to any of the areas described above to adequately perform your duties as public health administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list other areas needing further orientation, if any:			

Self-Assessment of Funding Sources, Contracts, and Reports

The following questions will help you assess your current proficiency and identify areas of focus for your orientation plan. Please check the appropriate response for each question in the boxes provided. The three columns reflect the three levels of proficiency, and are labeled PRO= Proficient, KNOW= Knowledgeable, and AWARE.

FUNDING SOURCES, CONTRACTS, AND REPORTS	PRO	KNOW	AWARE
Do you know the funding and revenue sources for your LHJ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any experience in developing a budget for an agency or organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have training in financial management or accounting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know how to read, interpret and complete the BARS report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the annual budgeting cycle and the expectation of administrators for the development and management of the LHJ budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you responsible for overseeing the development and management of your agency's Consolidated Contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, do you have knowledge of all the programs funded through the contract, including the various federal and state administrative, fiscal and program requirements, contract deliverables, program reports, and timelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you responsible for overseeing any other contracts and if so, are you familiar with these contracts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you need additional orientation or training in budgeting to adequately perform your duties as public health administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you need additional orientation and training in contract management and monitoring to adequately perform your duties as public health administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list other areas needing further orientation, if any:			

Self-Assessment of Public Relations and Community Involvement

The following questions will help you assess your current proficiency and identify areas of focus for your orientation plan. Please check the appropriate response for each question in the boxes provided. The three columns reflect the three levels of proficiency, and are labeled PRO= Proficient, KNOW= Knowledgeable, and AWARE.

PUBLIC RELATIONS AND COMMUNITY INVOLVEMENT	PRO	KNOW	AWARE
Do you have experience presenting to large groups of people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
medical professionals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the general public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
special interest or minority groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have experience with risk communication techniques and concepts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a reporter or the media ever interviewed you? (e.g., newspaper, radio, television)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you live in the community in which the local health jurisdiction is located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you acquainted with key leaders in this community? (e.g., County Commissioners, mayor, hospital administrator, advisory group leaders, other community leaders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you participated in any organizations or initiatives within this community? (e.g. civic and service organizations, community or neighborhood organizations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you need additional training in communications and public relations to adequately perform your duties as public health administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list other areas needing further orientation, if any:

Self-Assessment of Health Policy Development and Implementation

The following questions will help you assess your current proficiency and identify areas of focus for your orientation plan. Please check the appropriate response for each question in the boxes provided. The three columns reflect the three levels of proficiency, and are labeled PRO= Proficient, KNOW= Knowledgeable, and AWARE.

HEALTH POLICY DEVELOPMENT AND IMPLEMENTATION	PRO	KNOW	AWARE
Have you developed mission, goals and objectives for a department or program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with core functions and the essential services, as they pertain to policy development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the development of public health policy at local and state levels, including public health law found in RCWs, WACs, and ordinances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have experience with facilitation and/or leading specific program planning and evaluation activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the Washington State Public Health Standards and the Best Practices report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have experience in quality improvement methods or tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with using quality standards for assessment of performance or with the use of best practices to improve performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you need further orientation or training on policy development or implementation to adequately perform your duties as public health administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list other areas needing further orientation, if any:			

Self-Assessment of Personnel and Property Management

The following questions will help you assess your current proficiency and identify areas of focus for your orientation plan. Please check the appropriate response for each question in the boxes provided. The three columns reflect the three levels of proficiency, and are labeled PRO= Proficient, KNOW= Knowledgeable, and AWARE.

PERSONNEL AND PROPERTY MANAGEMENT	PRO	KNOW	AWARE
Have you had experience managing other leaders or supervising staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with federal legislation regarding treatment of employees such as the Americans with Disabilities Act or the Family and Medical Leave Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you hired or fired staff under local county government rules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked with unions (as an employer)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you need further orientation or training on personnel policies or practices to adequately perform your duties as public health administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you need further orientation or training on property management to adequately perform your duties as public health administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list other areas needing further orientation, if any:			

Self-Assessment of Information Systems and Technology

The following questions will help you assess your current proficiency and identify areas of focus for your orientation plan. Please check the appropriate response for each question in the boxes provided. The three columns reflect the three levels of proficiency, and are labeled PRO= Proficient, KNOW= Knowledgeable, and AWARE.

INFORMATION SYSTEMS AND TECHNOLOGY	PRO	KNOW	AWARE
Do you have experience using a personal computer including email and the internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in a listserv or email discussion group for online conferencing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with Washington State laws on information privacy and public disclosure, and with the Health Insurance Portability and Accountability Act (HIPAA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with key electronic systems available to document and track administrative and clinical public health activities such as CIMS, and VISTA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have experience with website management and oversight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you need further orientation or training on the use of computers to adequately perform your duties as public health administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you need further orientation or training on information systems to adequately perform your duties as public health administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list other areas needing further orientation, if any:			